PRINTED: 11/26/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G129 11/09/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE IDI WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 000 INITIAL COMMENTS W 000 A recertification survey was conducted from November 8, 2007 through November 9, 2007. The survey was initiated using the fundamental survey process. A random sample of two clients were selected from a population of four males with various degrees of disabilities. The findings of this survey were based on observations at the group home, two day programs, interviews with clients and staff at both the group home and day programs, review of clinical and administrative records to include the facility's unusual incident reports. W 126 483.420(a)(4) PROTECTION OF CLIENTS W 126 WIZG RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This standard will be met as evidenced by: This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the clients' right to be taught to manage their financial affairs to the extent of their capabilities for one of the two clients in the sample. (Client #2) a stelemas Iliu PAMO De 12-14-07 The finding includes: comprisensive money phaoling Interview with Client #2 on November 8, 2007 at management assessment approximately 8:20 AM revealed that the client for chevit #2. receives a stipend for services performed at his

ny deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that their safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days allowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ogram participation.

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day program. Interview with the day program staff on November 8, 2007 at 11:20 AM confirmed that the client receives a stipend,

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

depending on his attendance.

	RTMENT OF HEALTH	1	†			FORM	o: 11/26/200 MAPPROVEI D: 0938-039
	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S	SUPPLIER/CLIA ON NUMBER:	(X2) ML A. BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATE S	SURVEY
	-	0)	9G129	B. WING	G	11/6	09/2007
NAME OF	PROVIDER OR SUPPLIER	-		- 1,	STREET ADDRESS, CITY, STATE, ZIP CODE	11/0	1912001
ומו			i .		3112 WALNUT STREET, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STAT (EACH DEFICIENCY REGULATORY OR LS		DED BY FULL	ID - PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 126	Continued From pag	је 1		W 12	26 WIZE, Continued.		
	Interview with the Queen Professional (QMRP approximately 3:00 F had not received a comanagement assess current skills and species of Client #2's (ISP) dated June 22, PM on November 9, statement. There was taught to manage of his capability. 483.420(d)(4) STAFF CLIENTS  The results of all invecto the administrator of the other officials in within five working days of the working days of the clients in the same the findings include:	P) on November PM revealed the comprehensive sment that out ecific needs in a long property of the results of individual Super designated in accordance ways of the incident for	er 8, 2007 at at client #2 money lined his this area. pport Plan oximately 7:20 ed the QMRP's at that Client #2 to the extent  TOF  st be reported epresentative with State law lent.  Idenced by: ew, the facility exerting the content of the extent one of the	W 15	Compet will develop for program/s or more general activation of assist client # 2 developing additional skills in this area only will provide statement as needed to ensure that clients an every opportunity to their personal finance.  WISC  This Standard will be as evidenced by:  * OMBP will ensure that incidents are reported to the administrator.	ermala eneval ivities ivities il ff to wen egwen manage s. met	
	<ol> <li>The facility's unust reviewed on November incident dated July 11 #1 was observed blee client was taken to the and released with a di injury. During the enti-</li> </ol>	er 8, 2007 at 9 1, 2007 indicate eding from his e emergency; lagnosis of clo	ed that client head. The com treated se head		within five working dr Documentation/verifications will be maintained each individual file	cation	

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incident dated July 11, 2007 indicated that client #1 was observed bleeding from his head. The client was taken to the emergency room treated and released with a diagnosis of close head injury. During the entrance conference with the Qualified Mental Retardation Professional (QMRP) and house manager on the same day

PRINTED: 11/26/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING - - - -B. WING 09G129 11/09/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE IDI WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) W 156 Continued From page 2 W 156 revealed that the results of the facility's investigation revealed that the nurse had assaulted the client. The nurse involved in the incident was terminated. W 194 483.430(e)(4) STAFF TRAINING PROGRAM W 194 W194 This Standard will be met Staff must be able to demonstrate the skills and techniques necessary to implement the individual as evidenced by: program plans for each client for whom they are responsible. additional training 12:17:07 This STANDARD is not met as evidenced by: Based on observation, staff interview and record for all staff on each ongang verification, the facility failed to demonstrate persons mealtime competency in implementing clients feeding protocol. protocols for one of the two clients in the sample (Client #2) a amply House Manager will continue to monitor

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dinner.

The finding includes:

order.

The facility failed to ensure staff displayed

8, 2007 at 8:55 AM, revealed that Client #2 received Calcium Carb with Vitamin D and Certagen 4.18.250 tablet as nutritional

According to the Client #2's feeding protocol dated July 17, 2007 indicated that the client should receive fresh fruit at both lunch and

competency in implementing Client #5's diet

Observations during the medication on November

supplements. During dinner observations at 5:25 PM, Client #2 was observed to receive turkey wings, string beans, stuffing, salad with light dressing, canned peaches, diet ice tea and water.

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meals, provide direction

and feedback as needed

the meal protocols.

for staff to further ensure adherence to

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT	UPPLIER/CLIA ION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SUF COMPLET	
		0.5	G129	B. WING	•	11/09/	/2007
NAME OF F	PROVIDER OR SUPPLIER	3i,	:		REET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		ED BY FULL	ID PREEIX - TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 194	Continued From particles of the king and the continued in the Continued interview with the Continued interview with the Continued interview with the Continued interview of the Continued interview in the Continued interview in the Continued in t	chen on Nover a bunch of bar MRP confirme resh fruit during a current physical 1:00 PM confirme fresh fruit with the farm plan states by to meet the comprehensive	ahas. d that the Client his dinner cian orders on firmed that the h funch and cility rotocol. RAM PLAN the specific lient's needs, assessment	W 194		l be	
	This STANDARD is Based on observation review, the facility for individual program of the meet the client's clients in the sample. The findings includes 1. On November 8, medication nurse with and observed to punch observed to punch opack with hand over medication nurse was a cup of water and of the client took the pwater. Interview with client participates in	on, interview and illed to ensure plan (IPP) included for two dec. (Clients #1 and 2007 at 7:55 And 2007 at	id record that the ded objectives if the two and #2).  M, the wash Client client was m the bubble ce. The pour the client to the client. he cup of ated that the		(1) amper will never proof objectives for chent and chent #2.  Pamer will establish and self medication proof as needed.	#[  c	2.14.07 mgoin <i>0</i> 1

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	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUP		A. BUII	DING	ONSTRUCTION	(X3) DATE S	
<u> </u>		09G	129	B. WIN	G		11/0	9/2007
NAME OF F	ROVIDER ÖR SUPPLIER				3112 W	DDRESS, CITY, STATE, ZIP ( ALNUT STREET, NE INGTON, DC 20018	CODE	
(X4) ID PREFIX TAG	. (EACH DEFICIENCY	TEMENT OF DEFICIE! MUST BE PRECEDE SC IDENTIFYING INFO	D.BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	Review of Client #1' 2007 at 7:00 PM reviself-medication assist According to the assist recommended to paprogram. Interview Retardation Professive record review on Norevealed Client #1's Review of the planta failed to provide evictor assist the client with domain of self-medication on Norevealed the that Client to the medication on Norevealed the that Client to the medication cup at the medication at the medication at the medication cup	s records on Novelled that the classment, the classment, the claim of the conditional (QMRP) are conditional (QMRP) and discussion with acquiring skill cation administrate morning medication administrate morning medication administrate to punch the medication the client records on Novelled the client was expended the client was expended the client was expended the client has medication programment, the client in a self-with the Qualified onal (QMRP) and the client has medication programment, the client part on April exament on	ient had a 30, 2007. ent was not ent was ent	W 2	(2.)	comep will revenue evaluate. Pro objective will as needed.  If will be upon the possed on individual will provide the framinic needed.  Also reference to #1 W227	ated to objectives tual needs, inde additions of as	

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NAME OF PROVIDER OR SUPPLIER  IDI  SUMMARY STATEMENT OF DEFICIENCIES 3112 WALANUT STREET, NE WASHINGTON, DC 20018  PRECTIX. REGULATORY OR LS DESTRIPTING INFORMATION)  3 ON November 8, 2007 at 5:45 PM, direct care staff instructed Client #2 to go into his bedroom and change his clothes for the "Club". The client was observed to go and sit on his bed. The direct care staff was observed to go and sit on his bed. The direct care staff was observed the nieng to felching, interview with the direct care staff indicated that the client required assistance to select appropriate clothing for the weather.  Review of Client #22 p sychological assessment indicated that the was able to dress himself but required staff assistance to select appropriate outfits. Interview with the Qualified Mental Retardation Professional (QMRP) and further record review on November 9, 2007 revealed that the client trailed to provide evidence of an objective written to assist the client with acquiring skills in the domain of independent dressing.  W 252  W 252  W 252  W 252  This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that each clients individual program Plan (IPP) objectives are documented consistently and accurately for one of two clients in the sample. (Client #1)		T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	PIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  W 227  Continued From page 5 domain of self-medication administration.  3. On November 8, 2007 at 5:45 PM, direct care staff instructed Client #2 to go into his bedroom and change his clothes for the "Club". The client was observed to go and sit on his bed. The direct care staff was observed entering the client's bedroom and selecting a change of clothing. Interview with the direct care staff indicated that the client required assistance to wear appropriate clothing for the weather.  Review of Client #2's psychological assessment indicated that the was lable to dress himself but required staff assistance to select appropriate outfits. Interview with the Qualified Mental Retardation Professional (QMRP) and further record review on November 9, 2007 revealed that the client failed to provide evidence of an objective written to assist the client with acquiring skills in the domain of Independent dressing. 483.440(e)(1) PROGRAM DOCUMENTATION  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that each client's individual Program Plan (IPP) objectives are documented consistently and accumentation of induvidual staff and provided consistently and accumentation of induvidual staff and		PROVIDER OR SUPPLIER		;	3112 WALNUT STREET, NE	,	
domain of self-medication administration.  3. On November 8, 2007 at 5:45 PM, direct care staff instructed Client #2 to go into his bedroom and change his clothes for the "Club". The client was observed to go and sit on his bed. The direct care staff was observed entering the client's bedroom and selecting a change of clothing. Interview with the direct care staff indicated that the client required assistance to wear appropriate clothing for the weather.  Review of Client #2's psychological assessment indicated that the was lable to dress himself but required staff assistance to select appropriate outflits. Interview with the Qualified Mental Retardation Professional (QMRP) and further record review on November 9, 2007 revealed that the client failed to provide evidence of an objective written to assist the client with acquiring skills in the domain of independent dressing.  W 252  W 252  W 252  This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that each client's individual program Plan (IPP) objectives are documentation and implementation of individual staff interview, and record review, the facility failed to ensure that each clients individual program Plan (IPP) objectives are documentation and implementation of individual staff interview, and record review, the facility failed to ensure that each clients individual program Plan (IPP) objectives are documentation of individual program Plan (IPP) objectives are documentative of individual progr	_ PREFIX_	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE COMPLETION	
The finding includes:	W 252	domain of self-me  3. On November 8 staff instructed Clie and change his clo was observed to g care staff was obs bedroom and select Interview with the of the client required clothing for the we.  Review of Client #2 indicated that the v required staff assis outfits. Interview w Retardation Profes record review on N the client failed to g objective written to skills in the domain 483.440(e)(1) PRO  Data relative to acc specified in client in objectives must be terms.  This STANDARD is Based on observati review, the facility f client's Individual P are documented co one of two clients in	dication administration.  3, 2007 at 5:45 PM, direct care ent #2 to go into his bedroom othes for the "Club". The client to and sit on his bed. The direct erved entering the client's cting a change of clothing. direct care staff indicated that assistance to wear appropriate ather.  2's psychological assessment was able to dress himself but stance to select appropriate with the Qualified Mental sional (QMRP) and further ovember 9, 2007 revealed that provide evidence of an assist the client with acquiring a of independent dressing.  GRAM DOCUMENTATION complishment of the criterial advidual program plan documented in measurable in staff interview, and record ailed to ensure that each rogram Plan (IPP) objectives insistently and accurately for a the sample. (Client #1)	W 252	(3) OMEP will review and develop program objects needed.  A Also reference respect to W227 (1); (2)  This Standard will be as evidenced by:  as evidenced by:  amap will provide add staff training on documentation of its	ponses  12.17.07  ongoing  met  utional mentation ndividual's	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IULTIPLE CONSTRUCTION ILDING	(X3) DATE S COMPLE	
		09G129	B. WIN	NG	11/0	9/2007
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZII 3112 WALNUT STREET, NE WASHINGTON, DC 20018	PCODE	
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	Observations condu- 4:00 PM revealed C Manager in the che- observed grabbing in the chest area. A client was overhear derogatory languag- of Client #1 Behavion April 21, 2007, on Napproximately 10:00 to record target behavior expected behavior episode of derogatory languaged data failed to reflect November 8, 2007. The data had been of the BSP for the client functional assessmed 483.460(c)(3)(iii) NUNUrsing services mucertified as not need review of their health quarterly or more free client need.  This STANDARD is Based on interview a failed to ensure that by the nursing staff of	acted on November 8, 2007 at client #1 hitting the House st. At 4:07 PM, the client was the House Manger's sweater at approximately 5:45 PM, the dusing obscene and to House Manager. Review or Support Plan (BSP) dated lovember 9, 2007 at 0 AM revealed that staff were aviors of aggression on the or Consequence (ABC) charts. 07 at 10:10 AM, the review of alled that Client #1 had a using obscene and a Review of the behavior observed on There was no evidence that collected in accordance with the hot, which was necessary for a sent of the client's progress. JRSING SERVICES   JRSING SERVICES  JRSING SERVICES   JRSING	W 3	OMRP/ House Marage monitor documents daily activities to include #1) ensure that do collected in the collect	to further to further to further the form the plan.  The plan.  Will be by:	11.14.07 ongoing
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
a 1 	<b>.</b>	09G129	B. WING		11/09/2007
NAME OF F	PROVIDER OR SUPPLIER		3 V	REET ADDRESS, CITY, STATE, ZIP CODE 1112 WALNUT STREET, NE WASHINGTON, DC 20018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
W 356	Review of Client #2 that her annual nurs completed on April medical record reve assessment was inc Registered Nurse s 483.460(g)(2) COM TREATMENT  The facility must en treatment services t needed for relief of restoration of teeth, health.  This STANDARD is Based on interview failed to ensure con services for the mai one of the two client The finding includes  On November 8, 20 wearing partial dente consultation dated S that the client needs The need for scaling dental visit on Decel evidence that the clien	s medical record revealed sing assessment was 1, 2007. Further review of the aled that the second quarter completed, although the gned the quarterly review. PREHENSIVE DENTAL sure comprehensive dental hat include dental care pain and infections, and maintenance of dental and record review, the facility increasive treatment intenance of dental health for s in the sample. (Client #2)  7. Client #2 was observed ures. Review of the dental september 19, 2007 revealed scaling of remaining teeth. In had been identified in a more 21, 2006. There was no	W 356	houtine audits will be controlled to further ensure complete with this standard.	ince ho rest ongoing bulled tonce
W 368	The system for drug			W368 This Standard will be curdenced by:	met aus 12:12:07 ongoing

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	T OF DEFICIENCIES OF CORRECTION	IDENTIFICAT	SUPPLIER/CLIA TON NUMBER:	A. BUILD	TIPLE CONSTRUCTION	COMPLETED
		0:	9G129	B, WING		11/09/2007
NAME OF F	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018	
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
W 368	This STANDARD is Based on observation review, the facility facilit	s not met as e on, staff interv	iew and record physician orders	W 36	M368  Muse will receive a training on adherence physician orders.	additional 12.12.07 ongoing
	for one of the two cl #3) The finding includes	3	mple. (Client		physician orders.  • RN will conduct routing	
	During the medication November 8, 200 observed rubbing V feet. At 4:40 PM, di observation, Client Vanamide 40% crea	on administrat 07 at 8:35 AM, anamide 40% uring the even #3 was observ	Client #3 was cream on his ing medication ed rubbing		administration passe further ensure complexith this standard physician orders.	es to lance
	Review of Client #3' November 8, 2007 a revealed an order for applied to both feet nurse confirmed that Vanamide 40% creating	at approximate or Vanamide 4 every day, Int t the client sho	ly 10:00 AM, 0% cream to be erview with the ould receive			
W 379	483.460(I)(1) DRUG RECORDKEEPING The facility must sto conditions of light.	-		W 379	This Standard will be a endenced by:	
	This STANDARD is Based on observation facility failed to store conditions of light. The finding includes	on, and staff in drugs under p	terview, the		The light in the medical closet has been replace	atum
	On November 8, 200 nurse arrived in the morning medications	fa¢ility to admi	hister the			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SI IDENTIFICATI		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
	- ·	09	G129	B. WING		11/09	/2007
NAME OF F	ROVIDER OR SUPPLIER	:		3	REET ADDRESS, CITY, STATE, ZIP CODE 112 WALNUT STREET, NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG		TEMENT OF DEFIC MUST BE PRECED SC DENTIFYING IN	ED BY FULL	D PREFIX- TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 383	the medication cabicloset or in the roor  On November 9, 20  AM, the day nurse of the medication cabinet.  closed and again the closet.	inet there was remieading to the property of the day nurse was no light. The day nurse was not met as even and staff into a binder labeled ord (MAR)" on a binder labeled ord (MAR)" on a binder labeled ord the key and ore the clients may may a sked to op the day nurse may binder labeled ord the key and ore the clients may may be a sked to op the day nurse may binder labeled and binder labeled the clients may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be a sked to op the day nurse may be	ately 10:00 pen the copened the tinside the tinside the haccess to the denced by: crview, the depersons g storage area.  the medication hister the tion nurse ded "Medication bookshelf in de both clinical in the facility. pened the edications med of the ately 10:00 pen the was observed led MAR on a	W 383	W379, continued  All numbe encouraged to where immediately 9 to maintain proper conditions at all w383  This Standard will met as evidenced to met as evidenced to lock which can only assessed by author persons. A key no longer being us medical staff are expressive to report concerns to RM.	the order times.  The be yield ovized is bed. bected	11.10.07 ongoing

PRINTED: 11/26/2007 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION	(*	IDENTIFICAT	ON NUMBER:	A. BUII			COMPL	
	"		09	G129	B. WIN	ig		11/0	9/2007
NAME OF F	PROVIDER OR SUPPLIER		; ;			31	EET ADDRESS, CITY, STATE, ZIP CODE 12 WALNUT STREET, NE ASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	ΜĻ	IST BE PRECED	ED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDS REFERENCED TO THE APPROPRIES OF THE APP	ULD BE	(X5) COMPLETION . DATE
W 436	both clinical and me the facility. The nur opened the locked of medications were s	dicese se	then used to then used to inet where the ed. AND EQUIF h, maintain e and to man of dentures, munications tified by the as needed by the teach clie es for one of	he key and he clients  PMENT  In good repair, ke informed eyeglasses, aids, braces, y the client.  Idenced by: ew and record ints to use	W 4	36	M436 This Standard will met as evidenced will review and evidenced will review and evident #2'> needs in the wayram objective as needed will provide additional will provide additional medical medica	valuate is ausa. val eded.	ondoind
	On November 8, 200 nurse indicated that eyeglasses. Intervie indicated that his eye bedroom. The directoretrieve them. Thanded the eyeglass observed cleaning the Review of the nursin September 2007 indreminder to wear, cleeyeglasses.  According to the Indicated June 22, 2007	Cli wegl t c he es es g r ica	ent #2 wore with the clien asses were are staff direction to the staff client's eyeg nonthly note ted that the and maintual Program	prescription It at 8:10 AM In his Icted the client In The client and staff was lasses. Id dated client needed enance of		S OF	HAFF training as neede MUH will update IPP to ref ormal objectives.	d lect	

)RM CMS-2567(02-99) Previous Versions Obsolete

Event ID: HLN711

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	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
	e de la companya de l	09	G129	B. WING_		11/0	9/2007
NAME OF P	ROVIDER OR SUPPLIER			3	REET ADDRESS, CITY, STATE, ZIP CODE 112 WALNUT STREET, NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG		TEMENT OF DEFICE MUST BE PRECED SC DENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 436	Continued From pa	- 1		W 436			
W 460			TION	W 460	W460	l be	
	Each client must re well-balanced diet i specially-prescribed	ncluding modifie			This Standard will met as evidence	d by;	12:17:07
ľ	, - <b>-</b> , <b>-</b>				Reference response to V	И <b>Ю</b> Н.	ongoing
	This STANDARD in Based on observation, the facion diet for one of the to (Client #2)	on, staff intervie	w and record vide modified				
	The finding include:	<b>5</b> :	; ,	]			
	The facility failed to competency in impl order.				·		-
	Observations during 8, 2007 at 8:55 AM, received Calcium C Certagen 4.18.250 supplements. Durin PM, Client #2 was owings, string beans dressing, canned per supplements.	revealed that C arb with Vitamir tablet as nutrition of dinner observed observed to rece stuffing, salad	lient #2 D and onal vations at 5:25 live turkey with light				
	According to the Cli dated July 17, 2007 should receive fresh dinner.	indicated that t	he client				
	Inspection of the kit 10:00 AM revealed Interview with the Q #2 should receive fr	a bunch of bana MRP confirmed	nas. that the Client				į

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STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT	UPPLIER/CLIA ON NUMBER:	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE S COMPLI	URVEY ETED
		09	G129	B. WING _		11/0	9/2007
NAME OF P	ROVIDER OR SUPPLIER	: 1	t	3.	EET ADDRESS, CITY, STATÉ, ZIP CO 112 WALNUT STREET, NE /ASHINGTON, DC 20018	DDE *	
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFIC MUST BE PRECE SC IDENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CRÓSS-REFERENCED TO THE DEFICIENCY)	I SHOULD.BE	(X5) COMPLETION DATE
W 460	Continued From pameal. Review of the November 8, 2007 client should receive dinner.  There was no evide implemented Client	ge 12 e current physi at 1:00 PM cor e fresh fruit wit	cian orders on firmed that the h lunch and cility	W 460			
	•		:				l

ORM CMS-2567(02-99) Previous Versions Obsolete

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Facility ID: 09G129

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP	PLIER/CLIA NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
	- :			B. WING		, ,	
		09G129				11/09	/2007
NAME OF F	PROVIDER OR SUPPLIER		l l		STATE, ZIP CODE		
ומו		1 2		NUT STREI TON, DC 2			,
(X4) IŪ PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENT MUST BE PRECEDED SC DENTIFYING INFO	D BY FULL	ID PREFIX - TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE AP	JLD BE	(X5) COMPLETE DATE
1 000	A re-licensure surve Novenber 8, 2007 t The survey was init	ey was conducted hrough Novembe	r 9, 2007.	1 000		·	
	survey was into survey process. A residents were sele males with various.  The findings of this observations at the programs, interview	random sample of leted from a popul degrees of disabi survey were base group home, two	of two plation of four plities. ed on o day		·		
1 224	both the group hom of clinical and admi the facility's unusua 3510.5(a) STAFF T	nistrative records Il incident reports	to include	1 224	†22 <del>4</del>		
	Each training progralimited to, the follow (a) Overview of menot limited to, defining retardation, associated frequently used menof individuals with in living skills;	am shall include, ving:  ntal retardation in tion, causes of material implications, the historial retardation	cluding, but lental ations, and tory of care , and daily		This statute will be me evidenced by: All STAFF will received training on overview mental retardation: 3510.5 (b.) This Statute will be as evidenced by:	, References (10.5/10) met	ce
	Based on observati review, the GHMRF training was provide The finding include:	on, staff interview falled to ensure to each staff.	and record effective		amer will follow-up ensure that all	to SHATS NAIS	12-14-07 ongoing
l <b>22</b> 5	Review of the training 2007, revealed that training in overview 3510.5(b) STAFF T	the GHMRP faile of mental retarda	d to provide	1 225	training on Huma development, shaft received train at the time of	ning hire,	
_	ation Administration  MANUY BAG Y DIRECTOR'S OR PROVID	mala Erisupplier repre	SENTATIVE'S SIGN	ATURE	TITLE		KB) DATE 12/6/07

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If continuation sheet 1 of 10

	<del> </del>	<del></del>	4.1	1.	<del></del> _	<del> </del>	<del></del>	
	OF DEFICIENCIES OF CORRECTION	) IDI		UPPLIER/CLIA ON NUMBER:	(X2) MULT A, BUILDII 8. WING	TIPLE CONSTRUCTION  NG	(X3) DATE S COMPL	ETED
NAME OF C	PROVIDER OR SUPPLIER			STREET AC	DRESS CITY	STATE, ZIP CODE	1	<u> 19/2007</u>
NAME OF I	-ROVIDER OR SUFFLIER		<u> </u>		LNUT STRE			
1D1			i !		GTON, DC			,
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC REGULATORY OR L	¢ MŲST Ι	BE PRECED	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
I 225	Continued From particles and training programmed to, the follow (b) Human develop (birth to death);  This Statute is not Based on record reensure effective trastaff.  The finding include Review of the training on Human I	am shawing: ment the met as view, the ining was the GH	hrough the evidence he GHMF vas providence on N	ed by: RP failed to de to each	1 225			
I 229	as 10.5(f) STAFF To Each training progration to, the follow (f) Specialty areas residents to be sent to, behavior managrecreation, total contechnologies;  This Statute is not Based on review of GHMRP failed to prostaff training as indicated in the finding includes Review of the training 2007, the GHMRP facommunication and	am sha ring: elated ed incl ement, nmunio met as training ovide e cated t	to the Gluding, but sexuality ations, a evidence of document of the control of th	HMRP and the it not limited y, nutrition, assistive ad by: ents, the to validate ants' need.	1229	1229 2510.5(F) This Statute will be as evidenced by:  comep will ensure that a staff receive addition and assistive technique to manage will control months training received and update staff training needed.	al nominicat yes, rinul ando	12:14:07 ongoing W

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If continuation sheet 2 of 10

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SI		(X2) MULTIPLE CONSTRUCTION  A BUILDING		COMPLETED
- 🕶	# 11 T	09G129	-	B. WING_	· · · · · · · · · · · · · · · · · · ·	11/09/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	
IDI		:		LNUT STRE STON, DC 2		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L	ATEMENT OF DEFIC Y MUST BE PRECED SC IDENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETE
l 424	Continued From pa	age 2	:	1424		
1 424	3521.5(a) HABILIT	ATION AND TE	AINING	1 424	1424	
					3521,5 (a)	
	Each GHMRP shall resident's program or when the client:	n at least every	six (6) months			
	(a) Has successfull objectives identified Plan;	ly completed and in the Individu	objective or al Habilitation			
	This Statute is not Based on observat verification, the fac tolerate their eyegla residents included	ion, staff intervi ility to teach res asses for one o	ew and record idents to use the two		This Statute will be me widenced by:	et as
	The finding include	s:			Reference response to leder	ral 12.14.07
	On November 8, 20 nurse indicated that prescription eyeglatesident at 8:10 AM were in his bedroordirected the resident resident did so. The eyeglasses to the state cleaning the resident Review of the nursi September 2007 in needs reminder to of eyeglasses.  According to the Indiated June 22, 200 training program in	at Resident #2 wasses. Interview of indicated that m. The direct cont to retrieve the resident hand staff and staff and staff was eyeglasses ing monthly not indicated that the wear, clean and dividual Program of revealed no expense.	rears (with the his eyeglasses are staff em. The led the as observed ed dated resident I maintenance		Reference response to feder deficiency report W436.	ongoina
l 434	3521.7(d) HABILIT		,	1434	1434 3521.7(d)	
	The habilitation and	d training of resi	idents by the	l		
FATE FOR	ation Administration M		:   .	6859 (	HLN711	If continuation sheet 3 of 10

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLII IDENTIFICATION NU 09G129		(X2) MUL A. BUILDI B. WING		(X3) DATE S COMPL	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		-
IDI				NUT STRE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY N	EMENT OF DEFICIENCIE MUST BE PRECEDED BY CIDENTIFYING INFORM	'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
1434	GHMRP shall include be limited to, the followed because of clothing);  This Statute is not measured based on observation review, the facility fail the domain of selecting residents in the samp.  The finding includes  On November 8, 200 staff instructed Resided bedroom and change The resident was obsed. The direct care the resident was obsed. The direct care the resident self bedroom clothing. Interview with indicated that the resident self but requires appropriate outfits. In Mental Retardation Plantal Retardation Plantal Retardation Plantal Resident #2	e, when appropriate owing areas:  ag purchasing, select as evidenced by staff interview are led to training residing clothing for one ole. (Resident #2)  7 at 5:45 PM, direct ent #2 to go into his clothes for the served to go and site staff was observed in and selecting a continuity of the weather that the direct care is ident requires assistant for the weather that the is able to staff assistance to st	ecting, and  /: nd record lents in of the two  et care s "Club". t on his d entering change of taff stance to er.  dress select ualified ) and 007 22, 2007.	I 434	Reference response to Deficiency Report W227.		12-14-07
	Review of the plan an QMRP failed to provid written to assist the rein the domain of indep 3521.7(f) HABILITATI The habilitation and tr GHMRP shall include,	de evidence of an obsident with acquiring tendent dressing.  ON AND TRAINING aining of residents	objective ng skills  G  by the	I 436	1436 3521,7(f)		

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If continuation sheet 4 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X	1) PROVIDER/SI		(X2) MULT	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
·	l	09G129	· -	B. WING _		11/09/2007
NAME OF PROVIDER OR SUPPLI	ER		3112 WA	DDRESS, CITY, LINUT STRE GTON, DC 2		
PREEIX (EACH DEFICII	NCY M	MENT OF DEFIC UST BE PRECED IDENTIFYING IN	DED BY FULL	ID PREFIX - TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE COMPLETE
I 436 Continued From be limited to, the (f) Health care (use and self-ad aid, care and use devices, preventally the Statute is Based on obserview, the GHI habilitation and of nutrition and The finding including the finding	e follo includ minist e of p tive he not m vatior MRP f trainir self m udes: ailed te mpler solved 4.18. During t was ans, s d pea e Norir resh f e kitch with t shou mber	wing areas: ling skills related to me and the care, and alled to ensure stated to ensure stated that the care of t	dication, first dorthotic and safety); ced by: and record re the ts in the domain displayed dent #5's diet displayed dent #5's diet displayed dent with Vitamin nutritional realions at 5:25 receive turkey dwith light tea and water ding protocol the resident and mber 9, 2007 at any fresh onfirmed that ish fruit during reent physician 00 PM		1436 7 (f) continue 3521.7 (f) continue This Statute will be as evidenced by:  Rebrences responses to Federal Deficiency W126. W194, W W252.	e met

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If continuation sheet 5 of 10

	T OF DEFICIENCIES OF CORRECTION		VSUPPLIER/CLIA ATION NUMBER:	(X2) MULTII A: BUILDING B. WING	PLE CONSTRUCTION  G	(X3) DATE S	
	ROVIDER OR SUPPLIER		STREET AC	LNUT STREE			
IDI			WASHING	STON, DC 20	0018		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC REGULATORY OR L	ATEMENT OF DEF Y MUST BE PREC LSC DENTIFYING	EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
I 436	Continued From pa fruit with lunch and There was no eviden	dinner.	facility	1436			
	implemented Residence  2. The GHMRP far administer their me	dent #2's feed iled to train Re	ing protocol.				
	a. Observation of administration on Nather medication nurwith hand sanitizer to punch to medica with hand over han nurse was observe water and handed client took the pills Interview with the L participates in a se	November 8, 2 se washed Re . The residen ations from the dassistance. It to pour the cup to the and drank the LPN indicated	2007 at 7:55 AM, esident #1's hand at was observed bubble pack. The medication resident a cup of resident. The ecup of water. that the resident				
	Review of Resident 2007 at 7:00 PM resident 7:00 PM resid	svealed the clises sment dates sessment, the to participate of the top and the top articipate in the top articipate in the top articipation; pick enurse; to sweet empty cup to corresponding documented eview with the corresponding documented to the top articipation; pick with the corresponding documented eview with the corresponding to the top articipate and the top articipate a	ent's ed July 30, 2007. e resident was in a commendations self tion at the ke getting "his k up the cup from vallow medication ication cup in the the kitchen." g program on the Qualified Mental ') and further 007 at 8:00 PM d August 1,				
	2007. Review of th	ie pian and dis	scussion with the	<u> </u>	·		

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If continuation sheet 6 of 10

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT 09G129	ION NUMBER:	(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE S COMPL	
NAME OF F	PROVIDER OR SUPPLIER	030123		DRESS, CITY, S	TATE, ZIP CODE		
IDI	-ROVIDER ON SUFFEILE	,	3112 WA	LNUT STREE STON, DC 20	T, NE		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFIC MUST BE PRECE SC DENTIFYING IN	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE CATE
1436	Continued From pate QMRP failed to prowritten to assist the in the domain of set b. Observation of the administration on Not revealed the that Review attent to the medications from the gave the resident three ident complied with the trash cannindicated that the remedication program Review of Resident 2007 at 7:00 PM result of the astronomended to part of the second program, but the second program objective wassessment. Interview further record review 8:00 PM revealed Result of the QMRP failed to objective written to acquiring skills in the administration.	vide evidence resident with a lf-medication a morning me ovember 8, 20 esident #2 boution area. The hand assistance bubble pack the medication of the observed to interview with esident participate in a secific goal and was not documiew with the Q w on November esident #2's If the plan and provide evident assist the resident sessist the resident esident #2's If the plan and provide evident esist the resident esident esist the resident esident esist the resident esist the resident esist the resident esident esist the resident esident esist the resident esist esist the resident esist es	acquiring skills dministration.  driat 8:10 AM ght a cup of resident on the LPN cup and the nedication. It is the LPN ates in a self of April 1, 2007. The LPN resident was elf-medication corresponding ented on the MRP and resident June discussion with the property of an lent with	1436			
l 443	<ol> <li>The facility failed trained to administe W227)</li> <li>3521.7(m) HABILIT.</li> </ol>	r their own me	dications. (See	l <b>44</b> 3			
oolth Rogul	The habilitation and ation Administration	training of res	idents by the				

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TATE FORM

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If continuation sheet 7 of 10

	<u> </u>	<u> </u>					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP		A. BUILDII	IPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		09G129		B. WING_		11/0	9/2007
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
וסו				NUT STRE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENT MUST BE PRECEDED INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE -	(X5) COMPLETE DATE
1 443	Continued From page GHMRP shall include the limited to, the following the control of	e, when appropr	iate, but not	I 443	1443 3521,7(m)		
	(m) Financial manag and banking);	gement (including			This statute will be receidenced by.	net as	
	This Statute is not review, the facility faright to be taught to to the extent of their two clients in the sar	on interview and illed to ensure th manage their fin capabilities for c	record e clients' ancial affairs one of the		Reference response to & Deficiency report	deral NIZG.	12:17:07. ongoing
	The finding includes Interview with Residat approximately 8:2 residentreceives a sprogram staff on No confirmed that the redepending on his att Interview with the Quapproximately 3:00 Final not received a comanagement assess current skills and sprogram of Residents (ISP) dated June 22, PM on November 9, statement. There was	ent #2 on Novem 0 AM revealed the tipend. Interview vember 8, 2007 esidentreceives a endance.  La lified Mental R On November of omprehensive manner that omprehensive manner that omprehensive manner that omprehensive manner that omprehensive manner that omprehensive manner that omprehensive manner that offic needs in the ecific needs in the 2007, at approx 2007 confirmed	etardation 8, 2007 at Resident #2 noney ed his sis area. upport Plan cimately 7:20 the QMRP's				•
I 473	#2 was taught to ma extent of his capabili 3522.4 MEDICATION The Residence Directive singularities in the re- the prescribing physical	nage his finance ty NS etor shall report a esident 's drug re	s to the	l 473	1473 3522.4 Medication	ns.	

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	09G129		CLIA (X2) MULTIPLE CONSTRUCTION  ER: A. BUILDING B. WING		
	033123				11/09/2007
NAME OF PROVIDER OR SUPPLIER				STATE, ZIP CODE	
ומו		WASHING	NUT STRE STON, DC 2	ET, NE 20018	
(X4) ID SUMMARY STATI PREFIX - (EACH DEFICIENCY N TAG REGULATORY OR LSC		D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT - (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETE
This Statute is not meased on observation review, the facility fail for one of the two rest (Resident #3)  The finding includes:  During the medication on November 8, 2007 was observed rubbing his feet. At 4:40 PM, medication observation observed rubbing Variett.  Review of Resident # on November 8, 2007 revealed an order for	et as evidenced staff interviewed to follow physidents in the same administration at 8:35 AM, Roy Vanamide 40% creating the eyer on, Resident #3 namide 40% creating the eyer of the eyer	w and record ysician orders ample.  n observation esident #3 % cream on ning was eam on his sician orders ely 10:00 AM,	I 473	This Statute will be met as evidence by: Reference resportor N368. Number will also necur as training expectations to record irregularities to the prescribing physicial	dutumal report
applied to both feet enurse confirmed that Vanamide 40% cream 3522.10 MEDICATIO  Each medication shall conditions of light and on its label.  This Statute is not measured by a sale on observation facility failed to store of conditions of light.  The finding includes:  On November 8, 2007 nurse arrived in the famorning medications.	very day. Internative resident should be resident should be stored under temperature a sevidenced and staff internatives under product of the staff internatives under the staff i	view with the ould receive ice a day.  er proper is indicated  by: rview, the oper		1483 3522,10 This Statute will be me ourdenced by: Reference response to so Deficurcy report. W	fas    1.10.07  ongoing  1.379.

PRINTED: 11/26/2007 FORM APPROVED

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPP IDENTIFICATION I	LIER/CLIA NUMBER:	(X2) MULT A. BUILDIN B. WING _		(X3) DATE SURVEY COMPLETED 11/09/2007
NAME OF P	ROVIDER OR SUPPLIER	7	STREET ADD	DRESS, CITY,	STATE, ZIP CODE	1170372007
IDI			3112 WAL	NUT STRE TON, DC 2	ET, NE	
(X4) ID PREFIX TAG		EMENT OF DEFICENCE MUST BE PRECEDED DENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT - (EACH CORRECTIVE ACTION SHOUNDS CROSS-REFERENCED TO THE APPROPRIEM OF THE	JLD BE COMPLETE
1 483	Continued From pag	e 9		1 483		
	the medication cabin closet or in the room					
	On November 9, 200 AM, the day nurse warmedication cabinet. closed and again the closet.	as asked to open The day nurse or	the ened the			
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		* 1				
alth Regula	tion Administration			l		

FATE FORM

HLN711

If continuation sheet 10 of 10

Survey Period

From: 11/8/07 To: 11/9/07

Provider Name	IDI	Provider Number: 09G129
Provider Address	3112 Walnut St., NE	

Names	Functional Level	Core	Add- On	Client Identifiers
Elliot James	Mild	$\boxtimes$		#1
Alvin Lofton	Moderate			#2
William O. Jackson	Moderate			#3
William H. Jackson	Moderate			#4
1 1				

To: Pat Van Buren, OHS ms. Wallace

From: Nancy Branch, IDI

Subject: POC for 3112 Walnut Telephone/Fax: 2/442-9430

# GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health

Health Regulation & Licensing Administration



SENT via FACSIMILE and US MAIL

November 26, 2007

Ron Raghunandan CEO/CFO Individual Development, Inc. 1420 N Street, NW Suite 9 Washington, DC 20005

RE: 3112 Walnut Street, NE

Dear Mr. Raghunandan:

You will find enclosed a Statement of Deficiencies reports for federal certification and licensure. The reports enumerate deficiencies found as a result of the survey conducted on November 9, 2007. You are required to respond to each deficiency. Although a reasonable period of time may be allowed for actual correction of these deficiencies, it is imperative that your plan be signed with a specific date for anticipated completion and returned to this office prior to **December 6, 2007**. Since these reports are subject to public disclosure, it is necessary that the responses be indicated on the original forms (and not on an attachment, except if submitting a copy of a policy change). NOTE: "Corrected" is not an accepted reply. The plan MUST also include the following.

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.

<u>PLEASE NOTE</u>: Plans of Correction not adhering to the above requirements will not be considered acceptable. Also, failure to submit acceptable plans, within the specified time frame, <u>MAY</u> result in the loss of Medicaid reimbursement.

If you have any questions or concerns regarding the above, please contact Ms. Sheila Pannell, Supervisory Health Service Program Specialist, Intermediate Care Facilities Division on (202) 442-5888.

Sincerely,

Patricia W. VanBuren Program Manager

**Enclosures** 

cc: Medical Assistance Administration

Department on Disability Services